

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I Name of Lobbyist(Robert Clegg, De	bra Vanderbeek. Pe	eriklis Karoutas, Leann I	Moccia. Chris Herr
II. Name of lobbyist'				
ı	egislative Solutions	:110		
	ne of partnership, firm o			
D.	O. Box 10724	Bedford	NH	03110
	reet)	(Town/City)	(State)	(Zip Code)
`	,			•
() 603-860-368 (Telephone)	()(Fax)	e-mail sencle	gg@aoi.com
reportable expense to	ansactions which ar	e not attributable to	any one client).	n may file a separate report for
All reportable tran	sactions occurring in	the months prior to th	ne reporting date relative t	o the following client:
	American (Civil Liberties Unior	of New Hampshire	
O.D.	(Full Name of Client a	as it appears on the Lob	byist Registration Form)	
OR ☐ All reportable transunrelated to any particular.	-	st (including the lobb	yist's family), or the lobb	ying firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 🛱	tion to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/36	9/18
	October 31, 2018 activity from 7/1/18 to 9		January 30, 2019 activity from 10/1/18 to 12	
			ransactions made sind Secretary of State's Offic	ce the last report. ce, State House, Room 204,
VI. Check if addition	al renorts are attach	ed:		
	-		e Addendum A – Fees an	d Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement				
☐ If you, your firm,	or your family has ma	de political contribut	ions, you must file Adde	ndum C- Political Contributions
Sworn Statement/Aff I have read RSA 15, R and complete to the be	SA 15-B, RSA 14-C	and RSA 664 and her	reby swear or affirm that t	he foregoing information is true
1 Mig Tell	ly 1/		April 9, 2018	
Signature of lobbyist)		(Date)
Robert Clegg				

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	as, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)	
III. Name of Client American Civil Liberties Union of New Hampshire	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 12,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>12,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (c) the person of the person of greater than \$25.00 for the of greater than \$25, purchase of the aggregate than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 12,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 12,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 12,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
John TCley	April 9, 2018
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	firma	tion l	by L	obbyist
Statem	ent of	Income	and l	Expe	nses	for:

Name of Lobbying pa	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	American Civil	Liberties Union of New Ha	mpshire
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
(HCX)		April	9, 2018
(Signature of lobbyist			(Date)
Debra Vanderbeek			
(Print Name of Johnyi	st)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ĭrma	tion l	oy Lo	bbyist
Statem	ent of	Income	and]	Expe	nses	for:

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an
particular client): American Civil Liberties Union of New Hampshire
Date of Report (check one):
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☐ January 30, 2019 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, an the following Addendums submitted with that Statement (insert the number of Addendum forms bein submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true an complete to the best of my knowledge and belief.
(Signature of lobbyist) April 9, 2018 (Date)
(Signature of lobbyist) (Date)
Periklis Karoutas (Print Name of Johnvist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related to any	
particular client):	ılar client): American Civil Liberties Union of New Hampshire			
Date of Report (check	(one):			
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
	lums submitted with th		nd Expenses described above, and umber of Addendum forms being	
Addendum B(s).			
Addendum C(•			
•	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and	
Llann 71	Ilua	April	9, 2018	
(Signature of lobbyist)		(Date)	
Leann Moccia	-4)			
(Print Name of lobby)	STI			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership.	, firm, or corpora	ation: Legislative Soluti	ons, L.L.C.
Name of Client (leave blank if	Statement is for	the partnership, firm, o	r corporation and not related to any
particular client):	American Civil Li	berties Union of New H	ampshire
Date of Report (check one):			
April 25, 2018 July 2	25, 2018 🗆	October 31, 2018 🗆	January 30, 2019 □
/			
•			and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my known			ent and each Addendum is true and
(histelf !		Apr	il 9, 2018
(Signature of lobbyist)			(Date)
Chris Herr (Print Name of Johnvist)			